

Third District Juvenile Court

The Village Project Mentor Program

MENTEE INFORMATION

NAME: _____ D.O.B. _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME TELEPHONE: _____ PARENT WORK#: _____

MOBILE #: _____ PAGER #: _____ MSG PHONE#: _____

PARENT/GUARDIAN NAME(S): _____

SCHOOL: _____ GRADE: _____

PROBATION/CASE WORKER: _____ PHONE: _____

JUDGE/COMMISSIONER: _____

EMERGENCY INFORMATION

PERSONS TO CONTACT IF PARENT/GUARDIAN IS NOT AVAILABLE:

NAME: _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP TO THE CHILD: _____

NAME: _____ PHONE: _____

ADDRESS: _____

RELATIONSHIP TO THE CHILD: _____

List any known allergies or medical problems that should be noted by any person who may treat my son/daughter:

DATE: _____

**SIGNATURE OF
PARENT/GUARDIAN:** _____